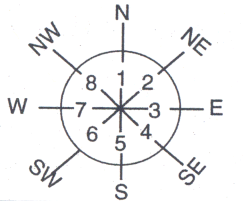


PEDESTRIAN/BICYCLIST LOCATION
1. Pedestrian/Bicyclist at Intersection
2. Pedestrian/Bicyclist Not at Intersection
PEDESTRIAN/BICYCLIST ACTION
1. Crossing With Signal
2. Crossing Against Signal
3. Crossing, No Signal, Marked Crosswalk
4. Crossing, No Signal or Crosswalk
5. Riding/Walking Along Highway With Traffic
6. Riding/Walking Along Highway Against Traffic
7. Emerging from in Front of/Behind Parked Vehicle
8. Going to/From Stopped School Bus
9. Getting On/Off Vehicle Other Than School Bus
10. Pushing/Working On Car
11. Working in Roadway
12. Playing in Roadway
13. Other Actions in Roadway *
14. Not in Roadway (Specify) *
TRAFFIC CONTROL
1. None
2. Traffic Signal
3. Stop Sign
4. Flashing Light
5. Yield Sign
6. Officer/Guard
7. No Passing Zone
8. RR Crossing Sign
9. RR Crossing Flashing Light
10. RR Crossing Gates
11. Stopped School Bus-Red Lights Flashing
12. Construction Work Area
13. Maintenance Work Area
14. Utility Work Area
20. Other*
LIGHT CONDITIONS
1. Daylight
2. Dawn
3. Dusk
4. Dark-Road Lighted
5. Dark-Road Unlit
ROADWAY CHARACTER
1. Straight and Level
2. Straight and Grade
3. Straight at Hillcrest
4. Curve and Level
5. Curve and Grade
6. Curve at Hillcrest
ROADWAY SURFACE CONDITION
1. Dry
2. Wet
3. Muddy
4. Snow/Ice
5. Slush
0. Other*
WEATHER
1. Clear
2. Cloudy
3. Rain
4. Snow
5. Sleet/Hail/Freezing Rain
6. Fog/Smog/Smoke
0. Other*
WHICH VEHICLE OCCUPIED
1. Vehicle No. 1
2. Vehicle No. 2
B. Bicyclist
P. Pedestrian
O. Other*
POSITION IN/ON VEHICLE
1. Driver
2. 1-7. Passengers
8. Riding/Hanging on Outside
SAFETY EQUIPMENT USED
1. None
2. Lap Belt
3. Harness
4. Lap Belt/Harness
5. Child Restraint Only
6. Helmet
7. Air Bag Deployed
8. Air Bag Deployed/Lap Belt
9. Air Bag Deployed/Harness
A. Air Bag Deployed/Lap Belt/Harness
B. Air Bag Deployed/Child Restraint
0. Other*
EJECTION FROM VEHICLE
1. Not Ejected
2. Partially Ejected
3. Ejected
AGE
SEX M/F
INJURED TAKEN
BY TO
18
TYPE OF ACCIDENT -- COLLISION WITH
1. Other Motor Vehicle
2. Pedestrian
3. Bicyclist
4. Animal
5. Train
6. In-Line Skater
7. Other Object (Not Fixed)*
COLLISION WITH FIXED OBJECT
1. Light Support/Utility Pole
2. Guide Rail-Not At End
25. Guide Rail-End
13. Crash Cushion
14. Sign Post
15. Tree
16. Building/Wall
17. Curbing
18. Fence
19. Bridge Structure
20. Culvert/Head Wall
21. Median-Not At End
26. Median-End
22. Barrier
23. Snow Embankment
24. Earth Embankment/Rock Cut/Ditch
25. Fire Hydrant
30. Other Fixed Object*
NON-COLLISION
31. Overturned
32. Fire/Explosion
33. Submersion
34. Ran Off Roadway Only
40. Other*

New York State
Department of Motor Vehicles
NYC POLICE ACCIDENT REPORT
MV-104AN (6/00)

*EXPLAIN IN ACCIDENT DESCRIPTION.
If a question DOES NOT APPLY, enter a dash (-).
If an answer is UNKNOWN, enter an "X".



Vehicle 1 19
Vehicle 1 20
Vehicle 2 21
Vehicle 2 22
Vehicle 1 23
Vehicle 2 24
Vehicle 1 25
Vehicle 2 26
Vehicle 1 27
Vehicle 2 28
Vehicle 1 29
Vehicle 2 30
COVER SHEET
N
USE COVER SHEET

8 9 10 11 12 13 14 15 16 17 BY TO 18
Names - If Deceased, Give Date of Death
Officer's Rank and Name
Tax ID No.
Department
Precinct
Post/Sector
Reviewing
Date/Time Reviewed

Accident Date Month Day Year			Day of Week	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	No. of Vehicles	No. Injured	No. Killed	Non-Highway <input type="checkbox"/>	Not Investigated <input type="checkbox"/> <hr/> Accident Reconstructed <input type="checkbox"/>	Left Scene <input type="checkbox"/> <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input type="checkbox"/> No	20
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(YOUR VEHICLE)	VEHICLE 1	<input type="checkbox"/> VEHICLE 2	<input type="checkbox"/> BICYCLIST	<input type="checkbox"/> PEDESTRIAN
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Vehicle 1 License ID No.	Vehicle 2 License ID No.
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Driver Name—exactly as printed on license	DMV	Name—exactly as printed on license	DMV	21
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[illegible]

Address (include Number & Street)	Apt. No.	Address (include Number & Street)	Apt. No.
			22

City or Town	State	Zip Code

Date of Birth	Sex	Unlicensed	No. of Occup.	Public Property	State of Lic.

/ /		<input type="checkbox"/>	Property Damaged <input type="checkbox"/>	/ /		<input type="checkbox"/>	Property Damaged <input type="checkbox"/>	/ /		<input type="checkbox"/>	Property Damaged <input type="checkbox"/>				
Name, exactly as printed on registration				Date of Birth				Name, exactly as printed on registration				Date of Birth			
												23			

Name—exactly as printed on registration	Date of Birth	Name—exactly as printed on registration	Date of Birth	23
	/ /		/ /	

Address (Include Number & Street)	Apt. No.	Haz. Mat.	Code	Released	Address (Include Number & Street)	Apt. No.	Haz. Mat.	Code	Released
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[illegible]

Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code
--------------	---------------	---------------------	--------------	-----------	--------------	---------------	---------------------	--------------	-----------

[illegible]

Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 24 feet long;	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 24 feet long;	Check the diagram below that describes the accident or draw your own diagram in the space provided (9). Number the vehicles.	25
---	---	--	----

<input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	<input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	<div style="text-align: center;">ACCIDENT DIAGRAM</div>
---	---	--

VEHICLE 1 DAMAGE CODES		VEHICLE 2 DAMAGE CODES		Rear End ← ←	Left, Turn ↙	Right Angle	Right Turn →	Head On → ←
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C L	Box 1 - Point of Impact	1	2	C L	Box 1 - Point of Impact	1	2	1.	3.		5.	7.	26
	Box 2 - Most Damage				Box 2 - Most Damage			Overtaking	Left Turn		Right Turn	Sideswipe	

1	Enter up to three more Damage Codes	3	4	5	2	Enter up to three more Damage Codes	3	4	5	2.		0.		4.		6.		8.	
---	-------------------------------------	---	---	---	---	-------------------------------------	---	---	---	----	--	----	--	----	--	----	--	----	--

Vehicle	By	Vehicle	By
Towed:		Towed:	

To	To	27
----	----	----

VEHICLE DAMAGE CODING:
1-13. See diagram on right.

14. UNDERCARRIAGE

15. TRAILER

16. OVERTURNED	2	13	8	28
17. DEMOLISHED				

17. DEMOLISHED
18. NO DAMAGE
19. OTHER

9. Estimated cost of repairs to any one vehicle meets criteria for

19. OTHER		"reportable" threshold. <input type="checkbox"/> Yes <input type="checkbox"/> No
Location Code		

[illegible]

				Route No. or Street Name	<input type="checkbox"/> Miles	<input type="checkbox"/> N	<input type="checkbox"/> E
					<input type="checkbox"/> Feet	<input type="checkbox"/> S	<input type="checkbox"/> W of

				on	<input type="checkbox"/> At Intersection With	
				Ticket/Arrest		Complaint

Ticket/Arrest <input type="checkbox"/> Opr 1 <input type="checkbox"/> Opr 2 <input type="checkbox"/>			Number(s):	Complaint No.
<input type="checkbox"/> Pedestrian <input type="checkbox"/> Bicyclist <input type="checkbox"/> Other			Violation	

<input type="checkbox"/> Pedestrian	<input type="checkbox"/> Bicyclist	<input type="checkbox"/> Other	Section(s):
Accident Description/Officer's Notes:			

[illegible]

COVER SHEET

1

[illegible][illegible][illegible][illegible][illegible][illegible]

N	Officer's Rank and Name	Tax ID No.	Department	Precinct	Post/Sector	Reviewing	Date/Time Reviewed
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PERSONS KILLED OR INJURED IN ACCIDENT* (Letter designation of persons killed or injured must correspond with letter designation on front).

A Last Name	First	M.I.	E Last Name	First	M.I.
Address			Address		
B Last Name	First	M.I.	F Last Name	First	M.I.
Address			Address		
C Last Name	First	M.I.	G Last Name	First	M.I.
Address			Address		
D Last Name	First	M.I.	Highway Dist. at Scene? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address			Name: <div>Shield No.</div>		

*ENTER INSURANCE POLICY NUMBER FROM INSURANCE IDENTIFICATION CARD (Injured cases **ONLY**)

Vehicle No. 1	Vehicle No.2
---------------	--------------

WITNESS (Attach separate sheet, if necessary)

Name	Address	Phone

DUPLICATE COPY REQUIRED FOR:

<input type="checkbox"/> Dept. of Motor Vehicles (Persons Killed/Injured)	<input type="checkbox"/> Motor Transport Division (P.D. Vehicle Involved)	<input type="checkbox"/> NYC Taxi & Limousine Comm. (Licensed Taxi or Limousine Involved)	<input type="checkbox"/> Other City Agency (Specify) _____
<input type="checkbox"/> Office of Comptroller (City Involved)	<input type="checkbox"/> Personnel Safety Unit (P.D. Vehicle Involved)	<input type="checkbox"/> NYS Thruway Authority	

NOTIFICATIONS: (Enter name, address, and relationship of friend or relative notified. If aided person is unidentified, list who at Missing Person Squad was notified. In either case, give date and time of notification.)

PROPERTY DAMAGED (other than vehicles)	OWNER OR PROPERTY (include city agency, where applicable)

IF NYPD VEHICLE IS INVOLVED:

Police Vehicle—Operator's First Name		Last Name		Rank	Shield No.	Tax Reg. No.	Command
Make of Vehicle	Year	Type of Vehicle	Plate No.	Dept. No.	Assigned To What Command		
Equipment in Use At Time of Accident							
<input type="checkbox"/> Siren <input type="checkbox"/> Horn <input type="checkbox"/> Turret Light <input type="checkbox"/> 4-Way Flasher <input type="checkbox"/> High-Level Warning Lights <input type="checkbox"/> Traffic Cones <input type="checkbox"/> Headlights							

ACTIONS OF POLICE VEHICLE

<input type="checkbox"/> Responding to Code Signal _____	<input type="checkbox"/> Complying with Station House Directive
<input checked="" type="checkbox"/> Pursuing Violator	<input type="checkbox"/> Routine Patrol

Bronx County Hospitals

Bronx Municipal Hospital Center - 7003
 Bronx Psychiatric Center - 7004
 Bronx V.A. Hospital - 7005
 Calvary Hospital Inc. - 7006
 Lincoln Hospital and Medical Health Center - 7010
 Our Lady of Mercy Medical Center - 7011
 Montefiore Hospital and Medical Center - 7012
 North Central Bronx Hospital - 7026
 Our Lady of Mercy Medical Center Durso Pavillion - 7016
 Prospect Hospital After Care - 7017
 St. Barnabas Hospital - 7019
 The Bronx-Lebanon Hospital Center Concourse Division - 7020
 The Bronx-Lebanon Hospital Center Fulton Division - 7021
 Montefiore Hosp. J. D. Weiler Hosp. of A. Einstein Coll. of Med. - 7022
 Union Hospital - 7023
 Westchester Square Hospital - 7025
 Montefiore Center, Henry and Lucy Moses Division - 7026

Kings County Hospitals

Baptist Medical Center of New York - 7141
 Brookdale Hospital Center - 7103
 Brooklyn Hospital Center Downtown Campus - 7105
 Brooklyn V.A. Hospital - 7107
 Brooklyn Hospital Center Caledonian Campus - 7108
 Carson C. Peck Memorial Hospital - 7109
 Community Hospital of Brooklyn - 7110
 Coney Island Hospital - 7111
 Flatbush General Hospital - 7113
 Hospital of the Holy Family Division of Catholic Med. Ctr. - 7115
 Jewish Hospital and Medical Center - 7118
 Kings County Hospital Center - 7119
 Kings Highway Hospital - 7120
 Kingsbrook Jewish Medical Center - 7121
 Long Island College Hospital - 7124
 Lutheran Medical Center - 7126
 Maimonides Medical Center - 7127
 Methodist Hospital of Brooklyn - 7128
 St. John's Interfaith Medical Center - 7132
 St. Mary's Hospital of Brooklyn - 7133
 State University Hospital Downstate Medical Center - 7134
 Victory Memorial Hospital - 7137
 Wyckoff Heights Medical Center - 7139
 Woodhull Medical and Mental Health Center - 7142
 University Hospital of Brooklyn - 7143
 Wyckoff Heights Med. Ctr. Jackson Heights Division - 7144

Queens County Hospitals

Astoria General Hospital - 7301
 Booth Memorial Medical Center - 7302
 Boulevard Hospital - 7303
 Catholic Medical Center - Brooklyn-Queens, Inc. 7304
 City Hospital Center at Elmhurst (Satellite) - 7305
 Creedmore Psychiatric Center - 7306
 Deepdale General Hospital - 7307
 Flushing Hospital and Medical Center - 7308
 Catholic Medical Center-Brooklyn-Queens, Inc. St. Joseph's Hospital Div. - 7309
 H.I.P. Hospital, Inc. - 7310
 Jamaica Hospital - 7311
 Long Island Jewish-Hillside Medical Center - 7314
 Mary Immaculate Hospital Div. of Cath. Med. Ctr., Brooklyn-Queens - 7315
 Parkway Hospital - 7316
 Parsons Hospital - 7317
 Peninsula Hospital Center - 7318
 Physician's Hospital - 7319
 Queens Hospital Center - 7321
 St. John's Episcopal Hospital South Shore Div. - 7322
 St. Albans Naval Hospital - 7323
 St. John's Queen Hospital Div. of Cath. Med. Ctr., Brooklyn-Queens - 7324
 St. Mary's Hospital for Children - 7325
 Laguardia Hospital - 7326

Richmond County Hospitals

Bayley Seton Hospital - 7408
 Doctor's Hospital of Staten Island - 7401
 Richmond Memorial Hospital and Health Center - 7402
 Sea View Hospital and Home - 7403
 St. Vincent's Medical Center of Richmond - 7404
 Staten Island Hospital - The Urgent Care Center - 7405
 U.S. Public Health Service Hospital (Marine Hospital) - 7406
 Staten Island University Hospital - North - 7409
 Staten Island University Hospital - South - 7410

New York County Hospitals

New York Downtown Hospital - 7201
 Bellevue Hospital Center - 7202
 Beth Israel Medical Center - 7203
 Coler Memorial Hospital - 7204
 Cabrini Medical Center - 7258
 Columbia-Presbyterian Medical Center - 7205
 Doctors Hospital - 7208
 Flower and Fifth Avenue Hospital - 7209
 Goldwater Memorial Hospital - 7212
 Harlem Hospital Center - 7215
 Hospital for Joint Diseases - 7216
 Hospital for Special Surgery - 7218
 Joint Diseases North General Hospital - 7259
 Lenox Hill Hospital - 7223
 Manhattan Eye, Ear and Throat Hospital - 7226
 Manhattan State Hospital - 7227
 Manhattan V.A. Hospital - 7228
 Medical Arts Center Hospital - 7229
 Memorial Hospital for Cancer & Allied Diseases - 7230
 Metropolitan Hospital Center - 7231
 Mount Sinai Hospital - 7233
 New York Hospital - 7234
 New York Eye and Ear Infirmary - 7237
 New York Infirmary - 7239
 New York University Medical Center - 7241
 Rockefeller University Hospital - 7246
 St. Luke's Roosevelt Hospital Center - 7247
 Saint Clare's Hospital and Health Center - 7249
 St. Luke's Hospital Center - 7251
 St. Vincent's Hospital and Medical Center - 7252
 Presbyterian Hospital in NYC A. Pavillion Division - 7260
 Presbyterian Hospital in the City of New York - 7261

Westchester County Hospitals

Blythedale Children's Hospital - 5901
 Burke Rehabilitation Center - 5902
 NY Hospital Cornell Medical Center, Westchester Division - 5916
 Community Hospital at Dobbs Ferry - 5903
 FDR V.A. Hospital in Montose - 5911
 Westchester County Medical Center - 5905
 Lawrence Hospital - 5906
 Mount Vernon Hospital - 5920
 New Rochelle Hospital Medical Center - 5923
 Northern Westchester Hospital - 5907
 Hudson Valley Hospital Center - 5908
 Phelps Memorial Hospital - 5909
 St. Agnes Hospital - 5919
 St. John's Riverside Hospital - 5910
 St. Joseph's Hospital - 5925
 St. Vincent's Hospital and Medical Center of NY - 5917
 United Hospital - 5912
 White Plains Hospital - 5913
 Yonkers General Hospital - 5914

Nassau County Hospitals

Central General Hospital - 2908
 North Shore University Hospital at Glen Cove - 2902
 Franklin General Hospital Medical Center - 2913
 H.I.P. Hospital of Long Island - 2903
 Hempstead General Hospital - 2907
 Long Island Jewish Hillside Medical Center - 2918
 Long Beach Hospital - 2900
 Lydia E. Hall Hospital - 2912
 Massapequa General Hospital - 2917
 Mercy Medical Center - 2915
 Mid Island Hospital - 2910
 Winthrop University Hospital - 2905
 Nassau County Medical Center - 2909
 North Shore University Hospital - 2901
 South Nassau Community Hospital - 2911
 St. Francis Hospital - 2916
 Syosset Community Hospital - 2919

Any New Jersey Hospital - 9670